

Affiliated with TSTA/NEA

8716 N. Mopac Expressway, Austin TX 78759 • 877-275-8782 • FAX: 512-486-7054

## 2022-2023 MEMBER ENROLLMENT FORM

Name		Academic Field or Program		
Mailing Address		City	S	State Zip
Institution		Location or Campus		
Office Phone		Home Phone		
Last 4 of SSN (for identifica	ation purposes only)	Personal E-Mail Address		
MEMBERSHIP CATEGO	ORIES (Check one.)			
☐ First-Time Member Full- Faculty or Professional S ☐ Full-time Faculty or Prof	-time taff (\$437.50)	☐ Full-time Classified Staff (\$323.00 ☐ Part-time Faculty (\$307.50) ☐ Part-time Professional Staff (\$307.50)	Grad	t-time Classified Staff duate Student Workers (\$161.50)
Signature:			I	Date:
	ease check one of the followin			
Automatic Bank Draft will remain in effect for	By checking this, I hereby a the 2022-2023 school year a r by fax at 512-486-7052 at le	authorize TSTA to begin deductions fi and future school years until revoked l ast 10 business days before the next d	by me in writing to TSTA	A by email to member-
I understand that my do business day if the date	ues will be divided into 10 ec falls on a weekend or holida	qual installments and drafted from my y of each year of my membership.	bank account on the 10	th of the month or the following
Bank Name:				Checking Saving
		Bank A		
	${f r}$ (made payable to the Texas			
Credit Card/Payment	- 1	•		
·		Express Discover Credit Card No		
· -		holder's Name:		
-				
that this authorization	will remain in effect for the 2 @tsta.org or by fax at 512-48	g this option, I hereby authorize TSTA 2022-2023 school year and future scho 6-7052 at least 10 business days before	ol years until revoked by	y me in writing to TSTA by email
I understand that my d ness day if the date falls	ues will be divided into 11 eo s on a weekend or holiday fro	qual installments and drafted from my om September to July of each year of r	r credit card on the 2nd on the 2	of the month or the following bus
Card Type: ☐ Visa ☐	☐ Mastercard ☐ American I	Express Discover Credit Card No	. <u>;</u>	
Expiration Date:	Card	lholder's Name:		
,	agree to subscribe to the goals and objective	s of the Association and to abide by its constitution and be	ylaws.	
use automated calling techniques and/ for text message alerts. Carrier message Employment Defense: In general, in o	or text message me on my cellular phone ge and data rates may apply to such alerts. order to be considered for legal services fo	ciation and its affiliates, including the Texas State Teach on a periodic basis. The National Education Association or job protection, membership is required for at least 30	n, the Texas State Teachers Associat	tion and the local association will never charge
		ursued, except by discretion of TSTA. T A CONDITION OF EMPLOYMENT AND THAT	I HAVE THE LEGAL RIGHT TO	REFUSE TO SIGN THIS AGREEMENT
	Der	nographic Data (confidential/opti	onal)	
□ American Indian/Alaska Native □ Black □ Hispanic	☐ Caucasian (not of Spanish Origin)☐ Asian☐ Native Hawaiian/Pacific Islander	☐ Unknown ☐ Multi-ethnic ☐ Other	☐ Male ☐ Female ☐ Transgender Female	☐ Transgender Male ☐ Gender Expansive/Non-Conforming ☐ Other

Please remit to: TFA Membership Processing • 8716 N Mopac Expressway • Austin TX 78759 or fax to 512-486-7052 For more information: Email TFA@tsta.org, call 877-275-8782 (512-476-5355 in Austin), or visit www.texasfacultyassociation.org